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52835 7590 12/30/2008

HAMRE, SCHUMANN, MUELLER & LARSON, P.C.
P.O. BOX 2902
MINNEAPOLIS, MN 55402-0902

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Heidi McCarty (Depositor's name)
[Signature] (Signature)
16 March 2009 (Date)

03/16/2009 WASFAW2 00000100 503478 10563532

01 FC:1501 1510.00 DA
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/563,532	12/20/2005	Heino Messerschmidt	20037.1001USWO	8331

TITLE OF INVENTION: SURFACE WATER DRAINAGE SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/30/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARTMANN, GARY S	3671	404-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hamre, Schumann, Mueller & Larson, P.C.
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ACO SEVERIN AHLMANN GMBH & CO. KG

RENSBURG, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3478 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Curtis B. Hamre

Date 16 March 2009

Typed or printed name Curtis B. Hamre

Registration No. 29,165

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FAX TRANSMISSION 16 March 2009

TO: Mail Stop: ISSUE FEE
Examiner: HARTMANN, G.
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

FROM: Curtis B. Hamre

OUR REF: 20037.1001USWO

TELEPHONE: (612) 455.3800

Total pages, including cover letter: 3

PTO FAX NUMBER: 571.273.2885

If all pages are NOT received, please call us at 612.455.3800 or fax us at 612.455.3801.

Title of Documents: **Form PTOL-85 Part B (1 page), Change of Address (1 page)**

Applicant: MESSERSCHMIDT et al.
Serial No.: 10/563532
App. Filed: December 20, 2005
Group Art No.: 3671

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By:

Name: Curtis B. Hamre

Reg. No.: 29,165

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Heidi J. McCarty

Signature

16 March 2009

Date

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